PATE	NT APPLICATION F Substitute	EE DETERMINA for Form PTO-875	spond to a collection of information of the control	mation unless it d	S. DEPARTMENT isplays a valid OM	OF COMMER B control number	
	CLAIMS AS FILED - P	PARTI		1/6	2-635	873	
	(Column's)	(Column 2)	SMALL EN	TITY OR	ОТНЕ	RTHAN	
FOR NUMBER FILED		NUMBER EXTRA			SMALI	SMALL ENTITY	
(J7 CFR 1.16(a)) TOTAL CUAIMS			RATE	FEE	RATE	FEE	
(3/ CFR 1.16(c))	minus 20 •		<u> </u> -	OR.	1	1	
INDEPENDENT CLAIMS			x 1 =	OR	X 1 a		
	minus 3 =	•	X 5 =	OR			
MULTIPLE DEPENDENT C		1.16(0))	1	· · ·	X 5 =		
* If the difference in colum	n 1 is less than zero, enter "0"	in column 2	J	OR OR	45=		
	IS AS AMENDED - PA		TOTAL	OR	TOTAL		
7-50 0-	· O NO AMENDED - PA	RTII	•	_			
	olumn 1) (Co	lumn 2) (Column 3)	•		07:15-		
97 / 1 000	LAIMS HIG	HEST	SMALL ENTIT	Y OR	OTHER I SMALL EI	THAN YTITY	
ZI//SI/A	FTER PREVI	MBER PRESENT EXTRA	RATE AD		RATE		
Total (37 CFR 1.16(c))	Minus !!	FOR	TION		IWIE	ADDI- TIONAL ·	
Independent (37 CFR 1.16(b))	All Minus	2 =-	x: 25 =			FEE	
	7	4 -	x \$ /00 =	OR	x:50=		
PERST PRESENTATION O	F MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		OR .	x 3.200		
		11	TOTAL	OR T	1:360=		
4/20/06		Medi	LAMOT CCC	OR	TOTAL		
(Cotun	IMS I LICHE	"" (Column 31)</td <td>u</td> <td></td> <td>IDD'L FEE</td> <td></td>	u		IDD'L FEE		
REMAI AFT	NUMBE	R PRESENT	RATE ADDI	7 _			
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FIRST PRESENTATION OF M	ULTIPLE DEPENDENT CLAIM (X \$ 100=	OR X I	200=		
	CLAIM (37 CFR 1.16(d))	+:/BD=	1 . 1	340.		
•			TOTAL ADD'L FEE	TO	AL .		
(Column		2) (Column 3)		OR ADD	O'L FEE		
CLAIMS REMAINI	HIGHEST			, <u></u>			
AFTER AMENDME	PREVIOUSL	Y EXTRA	RATE ADDI-	R	ATE ADD		
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ependent • CFR (.16(b))	Minus •••		:25 =		FEE		
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PRESENTATION OF MULT	TIPLE DEPENDENT CLAIM (37 (E0 4 450 m		OR X 5 Z	20.]	
•			S/BO=	OR + 3	60	7	
e entry in column 1 is less	than the entry in column 2; with space	Alle Voice controls	DO'L FEE	OR ADD'L			
Highest Number Previous	than the entry in column'2; writing Paid For IN THIS SPACE by Paid For IN THIS SPACE	is less than 20, enter	· · · · · · · · · · · · · · · · · · ·	55 (_	

ously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this birden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.